

MONTANA TALKING BOOK LIBRARY

1515 East Sixth Avenue

PO Box 201800

Helena MT 59620-1800

Phone: 406-444-2064

Toll Free 1-800-332-3400

Dear Future Patron:

Attached is an application form for free library service from the MONTANA TALKING BOOK LIBRARY. The application form must be filled out completely **including eligibility/certification requirements**, type of equipment needed, service preferences, and reading interests. All equipment is on loan, free of charge in accordance with policies and procedures of the National Library Service for the blind and physically handicapped of the Library of Congress. Our goal is to offer the best and most efficient library service possible.

For eligibility/certification requirements, an **original signature** by a competent authority (refer to page 2 of the application form) **is required** in order to receive library service. In the case of a Reading Disability, the form must be signed by a Medical Doctor (M.D.) or a Doctor of Osteopathy (D.O.). Visual and physical impairments may be certified by other professionals. Applications with incomplete certifications will be returned to you for completion.

When we receive your application, the equipment requested and appropriate catalogs with informational materials will be sent to you. We encourage you to take an active role in selecting your own books.

If you have any questions, please call us:

**1-800-332-3400 or 444-2064, Monday through Friday,
8 AM to 5 PM.** The Library staff looks forward to serving you.

YOU MAY RECYCLE OR DISCARD THIS SHEET AFTER READING IT

MONTANA TALKING BOOK LIBRARY

1515 EAST SIXTH AVENUE

PO Box 201800

HELENA MT 59620-1800

PHONE: 406-444-2064 -- TOLL FREE: 1-800-332-3400

HOME PAGE: www.msl.state.mt.us/tbl

E-Mail: mtbl@state.mt.us

APPLICATION FOR FREE LIBRARY SERVICE

(Please Print or Type:)

PATRON NAME (OR FACILITY): _____
(Last) (First) (Initial)

ADDRESS: _____
(Street or PO Box)

(City) (County) (Zip)

PHONE #: _____ BIRTH DATE: __/__/____ Female Male
(mo/dy/yr)

ALTERNATE CONTACT: (if applicant is a student, name parent/guardian)

NAME: _____ **DAY PHONE:** _____

ADDRESS: _____
(Street or P.O. Box)

(City) (State) (Zip)

CONFIDENTIALITY STATEMENT: All library records are confidential pursuant to Montana Code annotated 22-1-1103.

VETERANS: ☐ Please check if you have been honorably discharged from the U.S. Armed Forces. By law, Veterans are given preference in lending library materials.

INSTITUTIONS: All Talking Book materials may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals and to schools for the blind or physically handicapped for use by such qualifying persons only. These materials may also be used in public or private schools where handicapped students are enrolled. **The students in public or private schools must be certified as eligible on an individual basis and must be the direct and only recipients of the materials and equipment.**

ELIGIBILITY AND CERTIFICATION REQUIREMENTS

In cases of **BLINDNESS, LOW VISION OR PHYSICAL HANDICAP**, you must be certified by a “competent authority:” Defined as a doctor of medicine (M.D.), doctor of osteopathy (D.O.), **OR ANY OF THE FOLLOWING:** ophthalmologist, optometrist, registered nurse, therapist, professional staff of a hospital, institution, and public or welfare agency (e.g. social worker, counselor, rehabilitation teacher and superintendent), or by any person whose competence under specific circumstances is acceptable to the Library of Congress.

TO BE COMPLETED BY CERTIFYING AUTHORITY:

I certify that the applicant named below is unable to read or use standard printed materials for the reason(s) indicated below:

- ☐ **BLINDNESS:** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.
- ☐ **LOW VISION:** Inability to read standard printed material without aids or devices other than regular glasses.
- ☐ **PHYSICAL HANDICAP:** Inability to read or use standard printed material due to physical limitations, e.g. paralysis, missing arms or hands, extreme weakness.

In cases of **READING DISABILITY** (see below) from “organic dysfunction,” you must be certified by a “competent authority;” *Defined ONLY as a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.), who may consult with colleagues in associated disciplines.*

- ☐ **READING DISABILITY:** Organic dysfunction of sufficient severity as to prevent reading printed material in normal manner.
Requires a signature certification by an M.D. or D.O. as defined above.

****TO BE SIGNED AND COMPLETED BY CERTIFYING AUTHORITY:**

Signature of Certifying Authority _____ Please **Print** Name _____
Title: _____ Phone: _____ Date: _____
Address: _____
(Street or PO Box) (City) (State) (Zip)

****NOTE:** An original signature by the certifying authority is required for certification. **Faxes or copies of the certification are NOT acceptable.**

MATERIALS AND EQUIPMENT

You may borrow any of the following items. Check those you wish to receive:

MACHINES, BOOKS, AND MAGAZINES:

- ☐ **Standard cassette machine for cassette books and magazines**
- ☐ **Braille books and magazines**
- ☐ **Easy cassette machine (E-1)** **Only** for persons who cannot operate the controls of the standard four-track cassette machine.

EQUIPMENT ACCESSORIES:

- ☐ **Headphones** **Only** for readers who must use talking books in circumstances where loudspeakers are not permitted.
- ☐ **Pillowphone** **Only** for readers confined to bed.
- ☐ **Extension Levers** Assists readers with limited use of their hands to operate controls.

For cassette machine only.

- ☐ **Headphone amplifier** **Only** for hearing impaired readers. **An additional form must be signed by physician or audiologist.**
- ☐ **Remote Control** **Requires an additional form and certification.**

Playback equipment and special attachments are supplied to eligible persons on extended loan. **If this equipment is not being used in conjunction with recorded reading materials provided by the Library of congress and its cooperating libraries, it must be returned to the Library for the blind.**

READING PREFERENCES

Check A or B:

- A. ☐ Send only the specific titles I will request. Do NOT select books for me.
B. ☐ I wish to have books selected for me.

NOTE: If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer:

Do you have a Preference for ☐ Fiction or ☐ Nonfiction?

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure stories | <input type="checkbox"/> Gardening | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Gothic novels | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Government, Politics | <input type="checkbox"/> Reference Material |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Health | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Business, economics | <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Career, job training | <input type="checkbox"/> History - Ancient | <input type="checkbox"/> Science and Nature |
| <input type="checkbox"/> Children's Literature | <input type="checkbox"/> History - U.S. | <input type="checkbox"/> Science fiction |
| (reading level: _____) | <input type="checkbox"/> History - World | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Holidays | (Aging, Retirement) |
| <input type="checkbox"/> Computers, technology | <input type="checkbox"/> Homemaking | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Humor | <input type="checkbox"/> Sociology and Social |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Montana Authors | Customs |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Montana Interests | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Fairy Tales | <input type="checkbox"/> Mystery & detective | <input type="checkbox"/> Spy stories |
| <input type="checkbox"/> Family Sagas | <input type="checkbox"/> Native American | <input type="checkbox"/> Stage, screen |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Occult, supernatural | <input type="checkbox"/> Suspense stories |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Folklore | <input type="checkbox"/> Pioneer, frontier life | <input type="checkbox"/> War |
| | <input type="checkbox"/> Poetry | <input type="checkbox"/> Westerns |

Favorite Reading Preferences: _____

Favorite Authors: _____

Other Preferences: (not listed above) _____

OTHER READING INTERESTS:

LANGUAGES: If you wish to receive books in English language, mark that box only. If you wish to receive books in other languages, list them here:

- ☐ English
☐ Other language(s): _____

EXCLUSIONS:

I do **NOT** wish to receive books that contain the following:

- ☐ Strong language ☐ Violence ☐ Explicit descriptions of sex

READING LEVEL: ☐ Adult ☐ Teenage ☐ Juvenile ☐ Preschool

OTHER SERVICES: Please send catalogs on: ☐ **Magazines**
☐ **Descriptive Videos**

HOW DID YOU LEARN ABOUT US?

Please help us assess where you learned about the **Montana Talking Book Library**. It will help us plan our educational and outreach programs.

Check one or more of the following that apply:

- | | |
|---|--|
| <input type="checkbox"/> Personal Physician | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Eye Care Professional | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> School System | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Another talking book or Braille reader | <input type="checkbox"/> Television |
| <input type="checkbox"/> Montana Services for the Visually Impaired | <input type="checkbox"/> State or Local Agency |
| <input type="checkbox"/> Congregational Worker or clergy member | |
| <input type="checkbox"/> Other_____ | |
| please explain) | |
| <input type="checkbox"/> Would you like a presentation about our library services made in your community? If yes, contact name and phone#:_____ | |

Other Comments:_____

INSTRUCTIONS FOR RETURNING APPLICATION FORM

Fold application form (pages 1-4) inside these last two sheets.

Fold in thirds with the library address on the outside flap.

Tape closed before mailing.

Return postage is NOT necessary.

Questions? Call 1-800-332-3400 or 444-2064 in Helena.

**Montana Talking Book Library
1515 East 6th Avenue
PO Box 201800
Helena MT 59620-1800**

**Free Matter
f/t Blind & Physically
Handicapped**

**MONTANA TALKING BOOK LIBRARY
1515 EAST 6TH AVENUE
P O BOX 201800
HELENA MT 59620-1800**

**MONTANA TALKING BOOK LIBRARY
1515 EAST 6TH AVE
HANDICAPPED
PO BOX 201800
HELENA MT 59620-1800**

**FREE MATTER F/T BLIND &
PHYSICALLY**